Department of Financial Institutions Securities Division P.O. Box 9033 Olympia, WA 98507-9033 360-902-8760

Notification of Claim of Exemption Nonprofit Organization - RCW 21.20.310(11)



| (If insufficient space is available for answers, please attach sheet with additional information) | | | | |
|---|---|--------------------|------------------------------------|--|
| 1. | Issuer Name | | | |
| | Address | | | |
| | Phone Number () | | | |
| 2. | Officers and directors Names, Addresses and Phone numbers | | | |
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| 3. | Nature and purposes of organization As basis for claiming exemption | | | |
| | | | | |
| | Issuer is a (check one) □1 religious □2 educational □3 charitable □4 fraternal organization | | | |
| | Include proof of current tax exempt status under the Internal Revenue Code. | | | |
| 4. | This offering Description of security | Price per security | Number of securities to be offered | |
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| 5. | Short description of the proposed use of proceeds from the sale of securities | | | |
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Issuer shall provide a prospective purchaser written information regarding the securities offered prior to consummation of any sale, which information shall conspicuously disclose the following statements:

Any prospective purchaser is entitled to review financial statements of the issuer which shall be furnished upon request.

Receipt of notice of exemption by the Washington Administrator of Securities does not signify that the administrator has approved or recommended these securities, nor has the administrator passed upon the offering. Any representation to the contrary is a criminal offense.

The return of the funds of the purchaser is dependent upon the financial condition of the organization.

Filing fee of \$50 to accompany this notice of exemption. Please make checks payable to the state treasurer.

| | • | 11), the issuer has duly caused this Notification of Claim of reigned officer or person acting in a similar capacity. | |
|---|----------------------|---|--|
| Dated this da | y of, 20 | | |
| Issuer | | | |
| Signature of issu | uer's representative | | |
| Type name | | Type title | |
| | | Subscribed and sworn to before me this day of, 20 | |
| | (Seal) | Signature Notary public in and for the state of Washington | |
| | | Residing at | |
| ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS CONSTITUTE CRIMI VIOLATIONS. SEE RCW 21.20.400. | | | |